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MH 10-27-05

** CONTINUING DATA *****

none MH 10-27-05

** FOREIGN APPLICATIONS *****

none MH 10-27-05

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no Allowance	STATE OR COUNTRY WI	MH 10-27-05 SHEETS DRAWING 7	MH 10-27-05 TOTAL CLAIMS 30	MH 10-27-05 INDEPENDENT CLAIMS 3
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

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TITLE

Individually wrapped personal care absorbent articles

FILING FEE RECEIVED 1080	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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